Disclosure Report Use this form for general Do not use this form to up	report and committee i	inform:	ation, must l	De signe	d and su	Y FUGUS Submitted along	San Car a.	Amendment  Yes  No ther detailed forms
Do not use this form to up  1. Committee Informati	1	The Williams			- 10ha	Diffice and C	Wim C_	her detailed forms.
a. Full Name	<b>on</b>	3 1945 (AM) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		n jangara Mangara	gada hijan gada k	God, Typ. (1997) Magazina		
Committee to Elect Hele	na Wallin-Miller		<del></del>		<del></del>			c. ID Number
				Land Lan	and the frame	A franchis		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b. Mailing Address (include Co	ity, State and Zip Code)			3 Bestone	a had been	AVIII		d. Date Filed
PO Box 3262 Pinehurst, NC 28374					or or	A		
I HIVHUIDG ITO 2007.		*		2,/	OCT 23	. 2020		10/23/2020
								e. Phone Number
2. Report Year 3. Pe			4. Period	VO	John St.		· Marchaell and	910-568-8750
	eriod Start Date (mm/d	d/yy)	4. Period (mm/dd/yy)		ite	5. Treasure	ar Full J	Name
2020	07/01/2020		10/	/17/2020	,	David H. Yo	oder	BERT TELEVISION CONTRACTOR CONTRA
6. Type of Committee (C			pe of Report	<b>1</b> (c	heck or	nly one type of	report	from one category)
Candidate Campaign  PAC	Party Referendum	Municip	ipal		State/C	County		Referendum
Independent		<i>,</i> 📙	Organizationa			Organizational		Organizational
Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day	iy	(	Quarterly	1	Pre-referendum
ALL ATTEMPT OF REAL PROPERTY AND ADMINISTRATION OF THE PARTY OF THE PA	pplicable, check one)		Pre-primary	)		···· .	J	
"Booster Fund"	Personal Marie and Personal Marie		Pre-primary Pre-election	. 1	님	First Second	ļ	Final Supplemental Final
Building Fund			Pre-runoff	1	X	Second Third	1	Supplemental Final Annual
	1		Semi-annual	1		Fourth	J	Annual Special
Other:			Mid Year	_	٤ ا	Semi-annual		
			Year End Final	1	님	Mid Year	.	10. Special Report Name
8. Number of Fundraisers	s this Report		Final Special	1	片,	Year End Final		1
0		<b>Ц</b>	· ·			rmai Special		1
11. Account Information				11. Ac		Special Information	The April 19	
a. Financial Institution Full Nan BB&T	AC	20 de 100	Maria Cara			intormation itution Full Name	e 	
BB&T b. Purpose	c. Account Code							
Campaign				b. Purpo	ose			c. Account Code
Operations	Al		1	1				
	d. Period Begin Balance			1				d. Period Begin Balance
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is complete, true and correct  David H. Yoder	a mmi no imino vie cinii	HILLING	by the NC Si	ord R	r other no ard of El	acon dissilated C.	22B, & unds. I	& 22D-22M of Chapter 163 of further certify that this report Date
	inhalan		_	,	M	$\wedge$	-	
Date Received:  Date Postmarked:	<u>'Vldalan</u>		Employee:		<u>pan</u>	Tay		elivery Method Normal Mail Pagistaged Mail
Date Postmarked.		·	Employee:	•			<u>~</u>	Registered Mail Hand Delivered
Date Scanned:			Employee:	-	<del></del>			Electronically Filed Signer has not received
Date Data Entered:			Employee:	-				mandatory training
	cannot be used to amen custodian c ust amend the Statemen	OI DOOK	ка штоппащо	on, or acc	ccount in	ntormation.		s, treasurer, assistant treasurer,

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)

2. Type of Report

Committee to Elect Helena Wallin-Miller	2. Type of Report		3. ID Number
	3 Quarter		
Start of Election Cycle: January 1,	_2020	Total this Reporting Period	Total this
4) Cash on Hand at Start		\$ 0	S 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 177.50	\$ 227.50
6) Contributions from Individuals	(CRO-1210)	\$ 6,953.02	\$ 9,071.35
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	
11) Other Receipt Sources	(4210)	The state of the s	\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organiza		\$	
11c) Outside Sources of Income	(CRO-1250)		\$
11d) Legal Expense Fund - Other Sources	•	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1270)	\$	\$
	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b,	llc, lld and lle)	\$ 7,130.52	\$ 9,298.85
13) Disbursements			
13a) Operating Expenditures	(CDO 1334)		
13b) Contributions to Candidates/Political Comm	(CRO-1310)	\$ 3,031.87	\$ 3,031.87
on the state of th		\$	\$
,	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1,253.02	\$ 3,421.35
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 4,284.89	\$ 6,453.22
19) Cash on Hand at End (Add lines 4 and 12 together, then su		\$ 2,845.63	\$ 2,845.63
ADDITUCENAL SECTION AND ADDITUCEN			2,843.03
20) Non-Monetary Gifts Given to Other Committees		\$	
21) Outstanding Loans (incl. ones from other campaig		\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	-		
24) Account Transfers Within the Committee	<del> -</del>	\$	
25) Administrative Support	· +	\$	
26) Forgiven Loans		\$	\$
	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page
Page

1

Amendment

Yes 🔲

Optional form used to report NC Contributions From Individuals of \$50 or less

ion D. Account Code	c. Form of Payment  Check  Check  Credit Card	d. In-Kind Description	e. Date (mm/dd/yyyy)  09/14/2020	f. Amount \$ 50.00
. Account	c. Form of Payment  Check  Check	d. In-Kind Description	(mm/dd/yyyy) 09/14/2020	
	Check	Description	09/14/2020	
	Check			\$ 50.00
			00/10/2020	
	Credit Card	1	09/18/2020	\$ 27.50
			09/28/2020	C 50.00
			09/26/2020	\$ 50.00
	Check		10/01/2020	\$ 50.00
			10/01/2020	\$ 30.00
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1205 Pag			\$	177.50

Use this	s form to report in	ndividual contributions	s over \$50	Pg  To or contributions and		of <u>9</u>	Amendm	nent Yes 🔲 N
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Commit	ittee to Elect Helen	na Wallin-Miller		<u>an mai, bash ann dagnasa, ang an dagan tang san as an an</u>	<u> PEPPORE, SANCO, OLIAN Y</u>	40.12	amper	<u>90</u> 40
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	ame, Mailing Address	s & Phone	i distribute di	b. Job Title/Profession		d. Comme	<u> </u>	
	de city, state, & zip) Wallin-Miller			Project Manager		U. Comme	ents	
	Wallin-Miller rning Tree Road							
	rst, NC 28374			c. Employer's Name/Sp	pecific Field	]		
910-568				ICF				
							n Sum to Date	
f. Prior	1	<del></del>			_	\$	3,529.95	5
I. Prior	g. Account Code		i. ln-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amoun	at
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	me, Mailing Address	& Phone		b. Job Title/Profession	Marie de la companya	d. Comme	ents	
	e city, state, & zip) Wallin-Miller			Project Manager				<del></del>
	wanin-Miller ning Tree Road	•	J					
	st, NC 28374		}	c. Employer's Name/Spe	eific Field	1		
910-568-			1	ICF				
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	city, state, & zip)			Retired		u. Commen	ts	
Stephen C						ı		٠
	ss Point Drive , NC 28374			c. Employer's Name/Spec	cific Field	ı	-	
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MILLE COMET PURCLE **Contributions from Individuals** Amendment of Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Helena Wallin-Miller 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney Julia Latham 107 Linden Trail c. Employer's Name/Specific Field Aberdeen, NC 28315 N/A 910-215-0188 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/18/2020 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Karin Kent 25 Dove Run c. Employer's Name/Specific Field Pinehurst, NC 28374 N/A 910-639-2284 e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П Check 09/18/2020 \$ 500.00 П \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Marketing Amity Aldridge 35 Gray Fox Run c. Employer's Name/Specific Field Pinehurst, NC 28374 CCI 919-740-4791 e. Election Sum to Date 100.00 f. Prior h. Form of Payment g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/20/2020 \$ 100.00 \$ S 4. Total only this Page \$ 700.00 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

NC State Board of Elections

April 2007

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MUURE COUNTY PEDLIC COPY **Contributions from Individuals** Amendment Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used Yes No 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Helena Wallin-Miller 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Marta Stinson 3605 Red Field Drive c. Employer's Name/Specific Field Greensboro, NC 27410 N/A 336-681-1268 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/20/2020 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Homemaker Lynn Antil 8 Maples Lane c. Employer's Name/Specific Field Pinehurst, NC 28374 N/A 910-528-2191 e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/21/2020 \$ 500.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Writer Margaret Ann Bonecutter 840 Burning Tree Road c. Employer's Name/Specific Field Pinehurst, NC 28374 Self-Employed 910-235-5329 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/22/2020 \$ 100.00 \$ \$ 4. Total only this Page \$ 700.00 5. Total of ALL CRO-1210 Pages \$

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MOOR COUNTY PROLIC COPY

Contributions from Individuals

Yes 🔲 of No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Helena Wallin-Miller 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Karen Kaplan 245 Lake Forest Drive c. Employer's Name/Specific Field Pinehurst, NC 28374 N/A 910-690-9813 e. Election Sum to Date \$ 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/22/2020 \$ 200.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Executive Director** Stuart Mills PO Box 1479 c. Employer's Name/Specific Field Pinehurst, NC 28374 Moore County Literacy Council 910-295-3969 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/23/2020 \$ 250.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Designer Amanda Jacoby 1325 Burning Tree Road c. Employer's Name/Specific Field Pinehurst, NC 28374 Self-Employed 910-603-2102 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/27/2020 \$ 100.00 \$ \$ 4. Total only this Page \$ 550.00 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 6,953.02

Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Helena Wallin-Miller 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Toni Breese 90 Catalpa Lane N c. Employer's Name/Specific Field Pinehurst, NC 28374 N/A 208-993-3498 e. Election Sum to Date \$ 150.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/28/2020 \$ 150.00 \$ \$ 3. Contributor Information Add 🗍 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Kenneth Bell 100 McDonald Road East c. Employer's Name/Specific Field Pinehurst, NC 28374 N/A 910-825-2063 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/29/2020 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Risk Manager Jacqueline S. Raskin-Burns 9305 Bulls Run Parkway c. Employer's Name/Specific Field Bethesda, MD 20817 Montgomery County Government 301-455-0698 e. Election Sum to Date 500.00 f. Prior h. Form of Payment g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Car 09/29/2020 \$ 500.00 \$ \$ 4. Total only this Page \$ 750.00 5. Total of ALL CRO-1210 Pages \$ 6,953.02 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

MICH THE PROPERTY OF THE PROPE Amendment **Contributions from Individuals** Yes of No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Helena Wallin-Miller 3. Contributor Information Add 🗍 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Pediatrician Christoph Diasio 10 Spur Road c. Employer's Name/Specific Field Pinehurst, NC 28374 Sandhills Pediatrics 910-603-7772 e. Election Sum to Date \$ 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/01/2020 \$ 250.00 П \$ \$ 3. Contributor Information Add П Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Helena Cence 1071 Noio Street c. Employer's Name/Specific Field Honolulu, HI 96816 N/A 808-737-0030 e. Election Sum to Date \$ 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/02/2020 \$ 500.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Diane W. Adams 151 Crest Road c. Employer's Name/Specific Field Southern Pines, NC 28387 N/A 910-725-0443 c. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/03/2020 \$ 100.00

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**Contributions from Individuals** Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Helena Wallin-Miller 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Economic Developer** Pat Corso PO Box 2316 c. Employer's Name/Specific Field Pinehurst, NC 28370 **Moore County Partners** 910-695-5299 in Progress e. Election Sum to Date 100.00 f. Prior g. Account Code i. In-Kind Description h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Check 10/04/2020 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Homemaker Lynn Cribbs 50 Royal Dublin Drive c. Employer's Name/Specific Field Pinehurst, NC 28374 N/A 910-528-2500 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/05/2020 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Real Estate Broker Bill Sahadi 120 N. Valley Road c. Employer's Name/Specific Field Southern Pines, NC 28387 Fore Properties 910-638-0888 e. Election Sum to Date 385.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/05/2020 \$ 250.00 IN-KIND Video taping Services 10/14/2020 \$ 135.00 \$ 4. Total only this Page \$ 585.00 5. Total of ALL CRO-1210 Pages \$ 6,953.02 (This line must be on line 6 of Detailed Summary Page CRO-1100)

MOUNT COUNTY PUBLIC

MOONE COUNTY PURIS COTY

**Contributions from Individuals** Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Helena Wallin-Miller 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Homemaker Amanda Senff 3 Rafferty Ct. c. Employer's Name/Specific Field Whispering Pines, NC 28374 N/A 910-690-3631 e. Election Sum to Date \$ 78.03 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount IN-KIND Food for meet and greet 10/07/2020 \$ 78.03 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Architect Christine Dandeneau 10 Spur Road c. Employer's Name/Specific Field Pinehurst, NC 28374 Dandeneau Architecture 910-690-4692 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/09/2020 \$ 250.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Linda Bruening 4100 Youngs Road c. Employer's Name/Specific Field Southern Pines, NC 28387 N/A 910-684-8407 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/12/2020 \$ 100.00 \$ \$ 4. Total only this Page \$ 428.03 5. Total of ALL CRO-1210 Pages

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(includ	de city, state, & zip)			Realtor	ion	d. Comp	aents	
	Graham ch Pine Lane							
	rst, NC 28374			c. Employer's Name				
336-287				Coldwell Banker	r Advantage	a Fleeti	on Sum to Date	
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	of ALL CRO-		<u> 27159</u> -113825			\$		100.00
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Disbursem			unty pixic cop)		Amendment
Use this form to	o report expenditures	s from the committ	tee for; operating expense	f 1 or ses contributions to	3 Yes 10 Yes 10 10 10 10 10 10 10 10 10 10 10 10 10
- Camillateoch tille	a coordinated party ex	expenditures.	·		o candidate/ponticon
Committee to I	Full Name (and Fun Elect Helena Wallin-	ad if applicable)			2. ID Number
3. Type of Disb					
Operating I		Contributions to Cr	CRO-1310 forms for each		
4. Payee Inform	ZAPCHISCS	Contributions to Car	andidates/Political Committees		Coordinated Party Expenditures
	iling Address & Phone	A STATE OF THE STA	h Coordinated Committee	Remove	
(include city, state,			b. Coordinated Committee	: Name	d. Comments
The Pilot	<u> </u>		4		
PO Box 58			c. Level Registered (Specify	e.s.	
Southern Pines,	, NC 28388	į	Federal Federal	County:	<u> </u>
910-692-7271		,	State	_ County: _ Municipality:	- Y31
		,	<u> </u>	Withorpanty.	e. Election Sum to Date
	<del></del>	<u> </u>	1		\$ 1,294.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Al	Check	A	09/18/2020	\$160.00	Online Ads
A1	Check	A	09/24/2020	\$567.00	Print Ads
4. Payee Inform	THE RESERVE OF THE PARTY OF THE		Add	Remove	STORY CONTROL SECURI SERVICE S
	ing Address & Phone	AND DESCRIPTION OF THE PROPERTY OF	b. Coordinated Committee		d. Comments
(include city, state,				Name	u. Comments
The Pilot	<del></del>				1
PO Box 58		1	c. Level Registered (Specify)	v)	+
Southern Pines,	NC 28388	. ]	Federal	County:	<b>-</b>
910-692-7271			State	Municipality:	e. Election Sum to Date
	· —			<del></del>	\$ 1,294.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<b>A</b> 1	Check	A	10/15/2020		Print Ads
		<del></del>	10/13/2020	\$567.00	
1		l		\$	
4. Payee Informa	ation		Add		
	ng Address & Phone		Add b. Coordinated Committee N	Remove	
include city, state, &	& zip)	<b>†</b>	D. COUTHINATED COMMITTEE IN	ame	d. Comments
Capitol Promotio					
PO Box 231			c. Level Registered (Specify)		4
Glenside, PA 190	038	•	Federal Federal	County:	-
215-887-8890			State	County: Municipality:	e. Election Sum to Date
				Manierparity.	
	·		-·	7	\$ 605.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A1	Electronic bank	В	09/18/2020	\$605.00	Yard signs &
	TIGNISTEY		03/10/2020	\$005.00	stakes
1				\$	
Total only this	Page			The same of the state of the st	
Total of ALL C	CRO-1310 Pages				\$ 1,899.00
(This line goes in lin	ine 13a of Detailed Summ	nary Page CRO-1100 į	f Overating Expenses)	Applied Francis	
(This line goes in lin	ne 13b of Detailed Summ	narv Page CRO-1100 if	f Contrib to Candidates/Politic	oal Cammi	\$ 3,031.87
(1 nis une goes in un	ne 13c of Detailed Summe	nary Page CRO-1100 if	f Coordinated Party Expenditus	ures)	-
Purpose Codes	<ul> <li>(List detailed expense)</li> </ul>	enditure code in (h.	.) above)		
* - Media - Salaries	B* - Printing	C* - Fundra	aising	D - To Another	r Candidate
- Salaries - Postage	F* - Equipment J - Penalties	G - Political		H* - Holding I	Public Office Expenses
* - Other	J - Penalues	K* - Office I	£xpenses	Q* - Donation	to Legal Expense Fund
	detailed explanation	n in required rem		e I de Mois de la page desert	en e
	VANCOUS AND	1 m required rem	AFKS Helo (K)		\$P\$

Use this form t	to report expenditure d coordinated party	es from the commi	Printee for; operating expens	g 2 of ses, contributions t	. 3
1. Committee	Full Name (and Fu	ind if annlicable)		Pastara United Salara	
Committee to	Elect Helena Wallin	-Miller			2. ID Number
	Experises	ease use separate Contributions to C	CRO-1310 forms for eac andidates/Political Committees		ement.)  Coordinated Party Expenditures
4. Payee Infor			Add	Remove	Coordinated Party Expenditures
(include city, state	iling Address & Phone e, & zip)		b. Coordinated Committee	e Name	d. Comments
Staples www.staples.co	om		c. Level Registered (Specific		_
	·		Federal State	County: Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code			\$ 38.63
		n. 1 tr pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A1	Debit Card	В	09/27/2020	\$38.63	Thank you cards
	Santa to the San San			\$	
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state, WIOZ 200 Short St.	& zipj				
	NC 20207		c. Level Registered (Specify	7)	
Southern Pines, NC 28387 910-692-2107		Federal	County:		
		•	State	Municipality:	e. Election Sum to Date
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		\$ 389.00
Al				j. Amount	k. Required Remarks
<u> </u>	Check	A	10/02/2020	\$389.00	Radio Ads
				\$	
. Payee Inform	100000000000000000000000000000000000000		Add	Remove	
nclude city, state, d	ng Address & Phone		b. Coordinated Committee N	Name	d. Comments
Sandhills Sentin					
O Box 833	01		- I - 170 1 - 1 - 1		
Aberdeen, NC 2	8315		c. Level Registered (Specify)		
10-246-8022			Federal State	County: Municipality:	e. Election Sum to Date
Account Code	2 F 5D	h Dans G	<del></del>		\$ 225.00
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/05/2020	\$225.00	Online Ads
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				\$	
Total only this			There will be the granded to		\$ 652.63
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This line goes in li	ne 13c of Detailed Sum	mury rage CRO-1100 narv Pape CRO-1100	if Contrib to Candidates/Politic if Coordinated Party Expenditu	cal Comm)	\$ 3,031.87
Purpose Codes	(List detailed exp	enditure code in A	y Coorumutea Party Expenditu	ires)	
- Media	B* - Printing	C* - Fundr	riging Saising	75-0-17-15-15-15-15-15-15-15-15-15-15-15-15-15-	
- Salaries Postage - Other	F* - Equipment J - Penalties	G - Politica K* - Office	l Party Expenses	D - To Anothe H* - Holding Q* - Donation	er Candidate Public Office Expenses 1 to Legal Expense Fund
Codes require	detailed explanatio	n in required ren	aarks field (k)		

Disbursements

Disbursen		Marks o	anny pisic of	¥ _	Amendment
Use this form t	to report expenditure	s from the commit	ttee for; operating expense	s <sup>8</sup> 3 of	3 Yes N
				'S, COHUTOUROUS TO	) candidate/political
1. Committee	Full Name (and Fur	nd if applicable)			2. ID Number
3. Type of Dist	Elect Helena Wallin-				
Operating		ase use separate (	CRO-1310 forms for each		
4. Payce Inform	~perioes	Contributions to Ca	andidates/Political Committees	C	Coordinated Party Expenditures
	iling Address & Phone	120 to 120 to 120 to 120 to	Add b. Coordinated Committee	Remove	
(include city, state			b. Coordinated Committee	Name	d. Comments
Authorize.net			<del> </del>		
www.authorize	e.net		c. Level Registered (Specify		_
			Federal	County:	4
			State	Municipality:	e. Election Sum to Date
				manuspussy.	
f. Account Code	Error of Downant	L Bounces Code			\$ 0.24
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Al	Bonk routing  8 account number	0	10/06/2020	\$0.24	Credit Card fee
				\$	
4. Payee Inform	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	Name	d. Comments
(include city, state,	& zip)				WI COMMAND
DC Creative 133 Hart Avenu		!			
Hoffman, NC 2		ŗ	c. Level Registered (Specify)	,	7
910-634-0469	8347	· · · ·	Federal	County:	T
<b>フェローレンサーシャ</b> ロッ		J	State	Municipality:	e. Election Sum to Date
. Account Code					\$ 280.00
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A1	Check	В	10/11/2020	\$280.00	Tshirts and
				Ψ200.00	Flyers
				\$	
l. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
include city, state, &	& zip)				L. Commenso
WEEB		<b>,</b>			
PO Box 1855 1650 Midland Ro	•	1	c. Level Registered (Specify)		
Southern Pines, 1			Federal	County:	
30umern Pines, 1 910-692-7440	NC 28388	-	State	Municipality:	e. Election Sum to Date
/1 <del>0-0</del> /4-1-10		1		. 1	\$ 200.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
A1					k. Required Remarks Radio Ads
	Check		10/16/2020	\$200.00	Naulo Aus
	. ]			\$	
Total only this	Page			hi singiyayi	20004
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(1 ms une goes in iii	ine 13c of Detailed Summ	vary Page CRO-1100 if	if Coordinated Party Expenditur	res)	
rurpose Codes - Media	s (List detailed expe B* - Printing	nditure code in (h	.) above)		
- Salaries	B" - Frinting F* - Equipment	C* - Fundra G - Political	aising	D - To Another	
- Postage	J - Penalties	K* - Office	Party Expenses	H* - Holding P	Public Office Expenses
* - Other			_	<b>V</b> " - <b>D</b> unanun	to Legal Expense Fund
Codes require	detailed explanation	1 in required ren	iarks field (k)	pak madayabanan	Surgery Florida arrang a gay and the

Disbursements

Use CRO-1215 if In-Kind Contributions were or wil  1. Committee Full Name (and Fund if applicable)	Control of the Control of the Control	ECHANISCUSE I CALLED TO A				
Committee to Elect Helena Wallin-Miller			<b>2.</b> ]	D Number		
3. Contributor Information Add	Remove		4 - 25-14-22	275 m 22 m 24 m 24 m 24 m 24 m 24 m 24 m 2		
a. Full Name, Mailing Address & Phone		of Contributor	3. 10x 37300			
(include city, state, & zip)	⊠	Individual	c. C	omments		
Helena Wallin-Miller		Candidate				
PO Box 3262	=	Party	ı			
Pinehurst, NC 28374	· · · · · · · · · · · · · · · · · · ·	PAC		•		
910-568-8750	<del> </del> -	Referendum	d. Election Sum to Date			
•	1 =	Other Receipt Source				
e. Description			\$	3,529.95		
Board of Elections - Elections Data		f. Date (mm/dd/	уууу)	g. Fair Market Amount		
	<u>.</u>	09/15/20	20	\$ 25.00		
First Flight Video Services		09/18/20	20 20	£ 1,000,00		
Zoom Virtual Meeting Account		09/16/20		\$ 1,000.00		
		09/28/20	20	\$ 14.99		
. Contributor Information Add . Full Name, Mailing Address & Phone	Remove		5,700 to 10,772 to			
(include city, state, & zip)		of Contributor	c. Co	mments		
Amanda Senff		ndividual Sandidate				
Rafferty Ct.	1 ===	arty	ļ			
Whispering Pines, NC 2874		AC				
910-690-3631	Referendum		d Fla	d. Election Sum to Date		
	! ==	ther Receipt Source				
Description			\$	78.03		
ood for meet and greet	f. Date (mm/d			g. Fair Market Amount		
		10/07/202	0	\$ 78.03		
				\$		
				\$		
Contributor Information Add	Remove		\$1.00			
Full Name, Mailing Address & Phone (include city, state, & zip)		Contributor	c. Com	ıments		
ill Sahadi	☐ Inc	lividual				
20 N. Valley Rd.	│ 🔲 Ca	ndidate				
outhern Pines, NC 28387	∏ Par	ty				
10-638-0888	☐ PA	С				
	i = 1	ferendum	d. Elec	tion Sum to Date		
	L. Ott	ner Receipt Source	\$	385.00		
Description does to since the since		f. Date (mm/dd/yy)	y)	g. Fair Market Amount		
deo taping services	-	10/14/2020		\$ 135.00		
	· · · · · · · · · · · · · · · · · · ·					
				\$		
			1	\$		